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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

5195

First Inventor

Douwe D. Haga et al.

Title

NON-CONTACT DEVICE AND METHOD
FOR COLLAPSING HYBRIDIZATION
SUBSTRATE

Express Mail Label No.

EV 320 407 423 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages
- (preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets
5. Oath or Declaration [Total Pages
- a. ☒ Unexecuted (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____ filed _____

Prior application information:

Examiner: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

22896

or ☐ Correspondence address below

Name	Phil N. Makrogiannis				
Address	Applied Biosystems				
	850 Lincoln Centre Drive				
City	Foster City	State	California	Zip Code	94404
Country	US	Telephone	650-570-6667	Fax	650-638-6677

Name (Print/Type)	Phil N. Makrogiannis	Registration No. (Attorney/Agent)	47,766
Signature		Date	January 21, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FEE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision.

Complete if Known

Application Number	To be assigned
Filing Date	January 21, 2004 (herewith)
First Named Inventor	Douwe D. Haga et al.
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	5195

TOTAL AMOUNT OF PAYMENT (\$) 1,218.00**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit
Account
Number
Deposit
Account
Name

01-2213

Applied Biosystems

- ☒
- Charge any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17
-
- ☐
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:**
-
- ☐
- Check
- ☐
- Credit card
- ☐
- Money
- ☐
- Other
-
- Order

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001 385	Utility filing fee	770.00
1002	340	2002 170	Design filing fee	
1003	530	2003 265	Plant filing fee	
1004	770	2004 385	Reissue filing fee	
1005	160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$) 770.00**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
21	-20**= 1	18	18.00
8	-3**= 5	86	430.00
Multiple Dependent			0

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	18	2202 9	Claims in excess of 20
1201	86	2201 43	Independent claims in excess of 3
1203	290	2203 145	Multiple dependent claim, if not paid
1204	86	2204 43	** Reissue independent claims over original patent
1205	18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 448.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**


Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65	Surcharge - late filing fee or oath	
1052	50	2052 25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053 130	Non-English specification	
1812	2520	1812 2520	For filing a request for ex parte reexamination	
1804	920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805 1840*	Requesting publication of SIR after Examiner action	
1251	110	2251 55	Extension for reply within first month	
1252	420	2252 210	Extension for reply within second month	
1253	950	2253 475	Extension for reply within third month	
1254	1480	2254 740	Extension for reply within fourth month	
1255	2010	2255 1005	Extension for reply within fifth month	
1401	330	2401 165	Notice of Appeal	
1402	330	2402 165	Filing a brief in support of an appeal	
1403	290	2403 145	Request for oral hearing	
1451	1510	1451 1510	Petition to institute a public use proceeding	
1452	110	2452 55	Petition to revive - unavoidable	
1453	1330	2453 665	Petition to revive - unintentional	
1501	1330	2501 665	Utility issue fee (or reissue)	
1502	480	2502 240	Design issue fee	
1503	640	2503 320	Plant issue fee	
1460	130	1460 130	Petitions to the Commissioner	
1807	50	1807 50	Processing fee for provisional applications	
1806	180	1806 180	Submission of Information Disclosure Stmt	
8021	40	8021 40	Recording each patent assignment per property (times number of properties)	
1809	770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801 385	Request for Continued Examination (RCE)	
1802	900	1802 900	Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0**SUBMITTED BY**

				Complete (if applicable)	
Name (Print/Type)	Phil N. Makrogianis	Registration No. (Attorney/Agent)	47,766	Telephone	650-554-2164
Signature				Date	January 21, 2004

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